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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |   | Application or Docket Number<br><b>10/707,570</b> | Filing Date<br><b>12/22/2003</b> | <input type="checkbox"/> To be Mailed |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|----------------------------------|---------------------------------------|----------------------------------|------------------------|---|----------------------------|------------|----------------------------|--|------------|---|---|------------------|----------------------------|----------------------------|-----------|------------------------|------------------------|---|---|------------------|-----------|---|-----------|------------------------|------------------------------|------|-------|-------|--|--------|-----|----------|--|------------------------------|-----|---|--------------------|-----|--------------------|----|--|---|--|------------|---|--------|--------------------|--------|--------------------|--|--|---|--------|--|--------|--|---|---|--|--|-------|-------|--|--|--|--|--|--|--|--|--|--|--|------------|--|--|------------|------------|----------------------------|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|---|-------|----|---|--------|----|--------|------------------------------|---|-------|-----|---|--------|----|--------|--|--|--|--|--------------------|----|--------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">SMALL ENTITY <input type="checkbox"/> OR</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px;">FOR</td> <td style="padding-bottom: 5px;">NUMBER FILED</td> <td style="padding-bottom: 5px;">NUMBER EXTRA</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">FEE (\$)</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">FEE (\$)</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="padding-bottom: 5px;">minus 20 =</td> <td style="padding-bottom: 5px;">*</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding-bottom: 5px;">minus 3 =</td> <td style="padding-bottom: 5px;">*</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="3" style="padding-bottom: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> <td style="padding-bottom: 5px;">TOTAL</td> <td style="padding-bottom: 5px;">TOTAL</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> </tbody> </table> <p style="margin-left: 10px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p>   |   |   |   |   |                                  |                                       | APPLICATION AS FILED – PART I    |                        |   | OTHER THAN<br>SMALL ENTITY |            |                            |  | (Column 1) | (Column 2)                                | SMALL ENTITY <input type="checkbox"/> OR    |                  | OTHER THAN<br>SMALL ENTITY |                            | FOR       | NUMBER FILED           | NUMBER EXTRA           | RATE (\$)                                 | FEE (\$)                                    | RATE (\$)        | FEE (\$)  | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A       | N/A                    | N/A                          |      | N/A   |       | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A    | N/A | N/A      |  | N/A                          |     | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A                | N/A | N/A                |    | N/A  |   | TOTAL CLAIMS<br>(37 CFR 1.16(i))                               | minus 20 = | * | X \$ = |                    | X \$ = |                    | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 =  | * | X \$ = |  | X \$ = |  | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |  | TOTAL | TOTAL |  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/> OR    |   | OTHER THAN<br>SMALL ENTITY                        |                                  |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA                                | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   | Independent (37 CFR 1.16(h))  | * 2   | Minus                                       | ***3  | = 0                              | X \$ =                                | OR                               | X \$ 220=              | 0 |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   |   |   |   |                                  |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (Column 1)  |   |   | (Column 2)                                  | (Column 3)  | OTHER THAN<br>SMALL ENTITY       |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                            | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Total (37 CFR 1.16(i))  | *   | Minus                                       | **  | =                                | X \$ =                                | OR                               | X \$ =                 |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***   | =                                | X \$ =                                | OR                               | X \$ =                 |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   | TOTAL ADD'L<br>FEE               | OR                                    | TOTAL ADD'L<br>FEE               | 0                      |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |                                  |                                       |                                  |                        |   |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |          |  |                              |     |   |                    |     |                    |    |  |   |  |            |   |        |                    |        |                    |  |  |   |        |  |        |  |   |   |  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                    |    |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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